

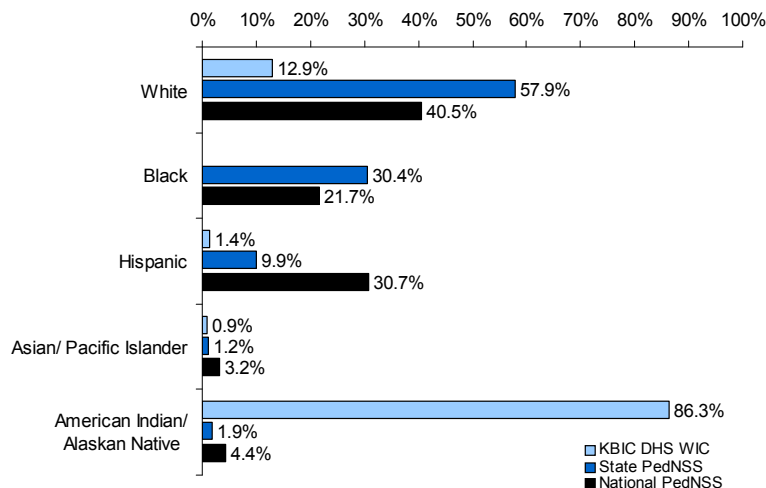
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, five-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 1999 and 2003. Trends were constructed using rolling averages and cover the period between 1996 and 2003.

The L'Anse Indian Reservation is the land base of the Keweenaw Bay Indian Community of the Lake Superior Bands of Chippewa Indians. The reservation encompasses nearly one-third of Baraga County and is located in two non-contiguous sections on either side of the Keweenaw Bay. The population of L'Anse was estimated to be 3,620 residents, based on data from the 2000 U.S. Census. Also in 2000, 6.6% of residents were under the age of five years old and 12.8% of those infants and children lived below poverty. WIC services for the Keweenaw Bay Indian Community are provided by the Keweenaw Bay Indian Community Department of Health and Human Services (KBIC DHS). KBIC DHS serves approximately 228 of infants and children participating in Michigan WIC in 2003. PedNSS statistics for infants and children under five years old served by KBIC DHS WIC revealed:

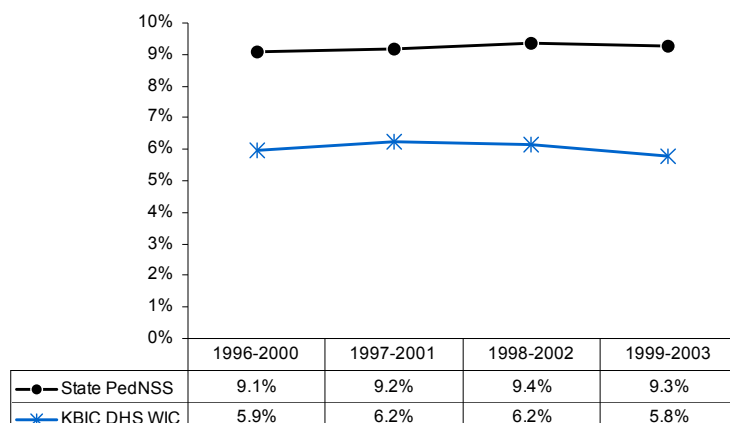
- The incidence of low birthweight was 5.8% and an additional 14.1% of infants were high birthweight;
- 5.5% of infants and children under the age of two years old were short in stature;
- 38.8% of children two to five years old were either overweight or at risk of overweight;
- 18.8% of infants and children under the age of two years old had iron deficiency anemia;
- Less than half of infants (45.9%) were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 1999-2003 PedNSS



Over three-quarters of the infants and children of KBIC DHS WIC program were Native American/Alaskan Native.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the KBIC DHS WIC Agency, 1996-2003 MI PedNSS



The incidence of low birthweight have declined among KBIC DHS WIC infants by an average of 0.8% per year.

*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the KBIC DHS WIC Agency, 1996-2003 PedNSS

The overall prevalence of infants ever breastfed for the KBIC DHS WIC increased by an average of 6.7% per year since 1996.

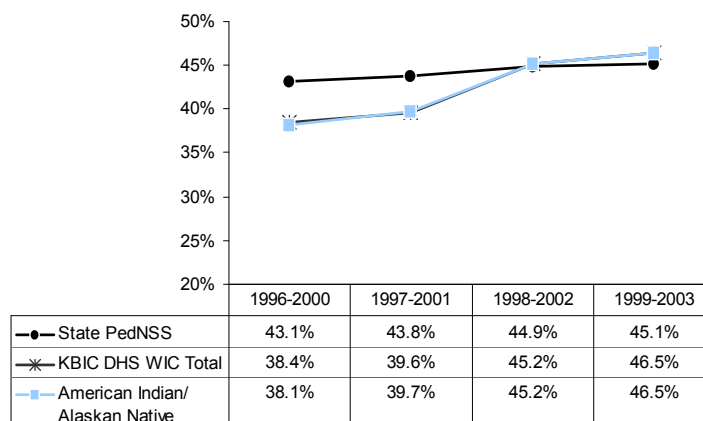
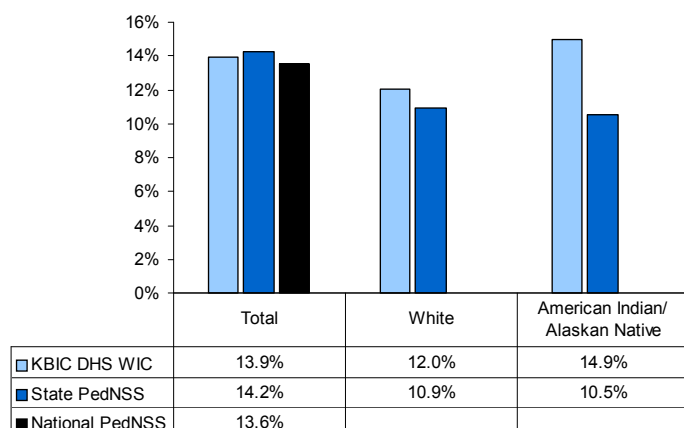


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 1999-2003 PedNSS

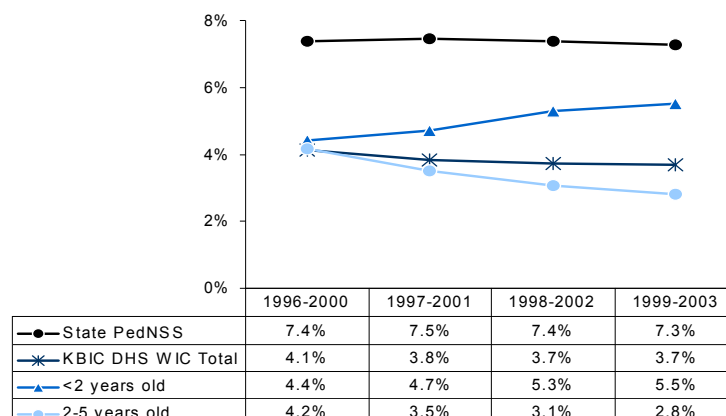


American Indian/Alaskan Native infants and children under five years old of KBIC DHS WIC had a prevalence of iron deficiency anemia higher than their national peers.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

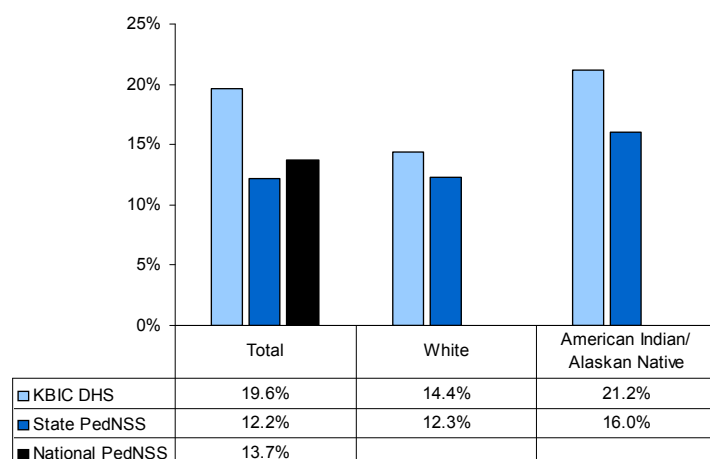
The trend in short stature among infants and children of KBIC DHS WIC under the age of two years old increased, on average, by 7.7% per year, meanwhile the average annual percent declined, 11.7% per year, for children two to five years old.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1999-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

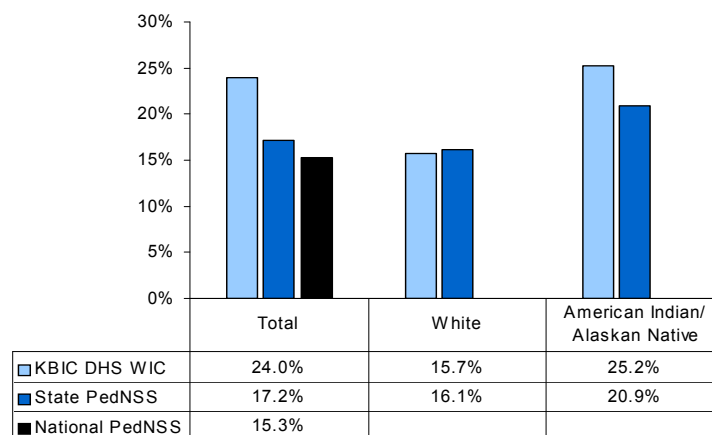
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 1999-2003 PedNSS



Approximately one in five American Indian/Alaskan Native children two to five years old of KBIC DHS WIC were overweight.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

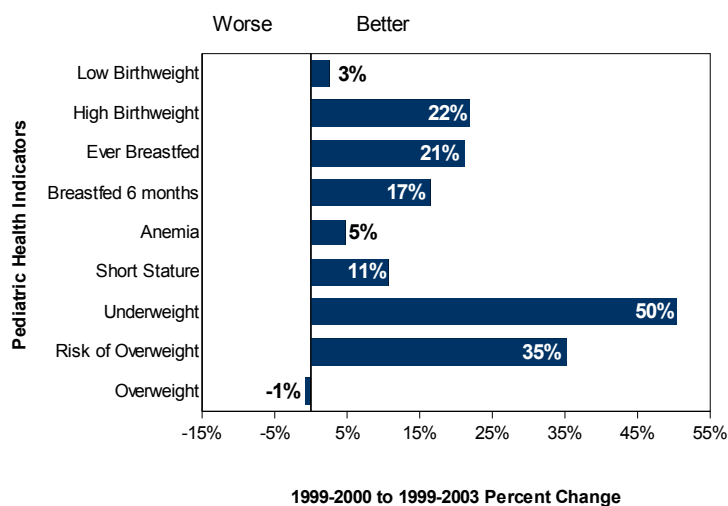
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 1999-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

A quarter of American Indian/Alaskan Native children of KBIC DHS WIC were a risk of overweight.

Figure 8. Pediatric **health progress review** for KBIC DHS WIC infants and children under the age of five years old, 1996-2000 and 1999-2003 MI PedNSS



Progress was made in all but one health/nutritional indicator in KBIC DHS WIC.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

Suggested Citation:

Larrieux C, Eghtedary K, Grigorescu V, Carr A. "2003 WIC Local Agency PedNSS Report Keweenaw Bay Indian Community Department of Health and Human Services." WIC Division, Bureau of Family, Maternal, and Child Health, Michigan Department of Community Health. April 2007.

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Michigan Department of Community Health WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.